

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90020 012 ***158.75

DOCUMENT # P97000052709

1. Entity Name

MUZO GEMS, INC.

Principal Place of Business

**9737 NORTHWEST 41ST STREET. STE. 398
 MIAMI FL 33178**

Mailing Address

**9737 NORTHWEST 41ST STREET. STE. 398
 MIAMI FL 33178**

2. Principal Place of Business

9737 NW 41ST ST

3. Mailing Address

9737 NW 41ST ST

Suite, Apt. #, etc.

STE 398

Suite, Apt. #, etc.

STE 398

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

Zip

33178

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0778821

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**INGRAHAM, JAMES A
 19101 MYSTIC POINTE DR
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **NELSON RIVERA**

Street Address (P.O. Box Number is Not Acceptable)

9737 NW 41ST ST STE 398

City **Miami**

FL

Zip Code **33178**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Nelson Rivera

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/07/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RIVERA, NELSON**
 STREET ADDRESS **9737 NW 41ST ST, PMB 398**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **D** ☒ Delete
 NAME **VALLE, CARLOS**
 STREET ADDRESS **9737 NW 41ST ST, PMB 398**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nelson Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02

Date

Daytime Phone #

CR2E034 (9/01)